

**Collection Agency
Fictitious Names Report****To: Collection Agency Licensees**

Arizona Administrative Code R20-4-1520 (B) requires a collection agency to maintain a record of fictitious names used by each of its debt collector(s). A copy of the record must also be filed with the Department on July 1 and December 31 of each year.

The record filed with the Department must state the name of the licensee and contain the following information:

1. True name of debt collector.
2. Name used other than true name and inclusive dates the name was/is being used.
3. True physical home address and mailing address of debt collector.

To comply with the provisions of this rule, please complete the attached form and forward to the Department on or before July 1 and December 31.

Keep a copy of this blank form for the above compliance requirement dates.

Please note that each licensee must submit a form even if fictitious names are not used in the Collection Agency.

Thank you for your cooperation.

Licensing Section
Financial Services Division



Collection Agency Fictitious Names Report

This report must be filed even if fictitious names are not used.

Name of Licensee:		License #: CA-	
Address:			
City		State	Zip
Do any of your employees use fictitious names?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, complete the following:			
1. True Name:			
Fictitious Name:		Date Used From:	Date Used To:
True Home Address:			
City		State	Zip
True Mailing Address:			
City		State	Zip
2. True Name:			
Fictitious Name:		Date Used From:	Date Used To:
True Home Address:			
City		State	Zip
True Mailing Address:			
City		State	Zip
3. True Name:			
Fictitious Name:		Date Used From:	Date Used To:
True Home Address:			
City		State	Zip
True Mailing Address:			
City		State	Zip
4. True Name:			
Fictitious Name:		Date Used From:	Date Used To:
True Home Address:			
City		State	Zip
True Mailing Address:			
City		State	Zip

(If more space is needed, complete details on a separate sheet and attach to this form.)

Date

Signature of Licensee or Active Manager

**2910 North 44th Street, Suite 310
Phoenix, AZ 85018**

Form:	CA-FN-001
Revised	03/01/2006